INFORMATION ON PREPAYABLE OFFENSES AND REQUESTING TRIALS IN ACCIDENT CASES

FALLS CHURCH GENERAL DISTRICT COURTS-COMBINED

Mailing address:

Falls Church District Courts-Combined 300 Park Avenue Falls Church, VA 22046

703-248-5095 (Prepayment Recording-24 Hours)
Office Hours: 8:00 a.m.-4:00 p.m.
703-248-5096

PREPAYMENT INSTRUCTIONS

A summons has been issued citing you for violating state or local traffic laws. You may plead guilty and waive your right to a trial by prepaying, or appear in court for a trial.

To waive your right to trial and prepay the summons, follow the instructions below:

- 1. First, read the entire summons (front and back)
- 2. If your **law section** is listed in the section to the right:
 - Compute the TOTAL fine(s) and fee(s) owed.
 - Please make check payable to the "Falls Church General District Court".
 Payments by credit card may be mailed using the form on the reverse side, paying by phone, or by Internet at www.courts.state.va.us.
 - If you pay more than one violation arising out of the same incident: total all applicable fines, add only one \$61 processing fee, and \$10 for any additional summons (except seat belt and child restraint charges).
 - You may NOT PREPAY if the charge is for reckless driving.
 - If mailing, please <u>send payment & summons</u> to the address below: Falls Church General District Courts-Combined 300 Park Avenue, Room 107E
 Falls Church, VA 22046

Payments by mail, phone, or Internet should be received at least 2 days prior to the trial date to ensure proper processing. *There may be additional costs if payment is not* <u>received</u> <u>prior to the trial date.</u>

- 3. If you wish to pay by phone with <u>your</u> credit card, you may call **(703) 248-5157** between the hours of 8 a.m.- 4 p.m., Monday Through Friday. Prepayments will be accepted up to *two business days before the court date*. Credit card payments <u>by phone</u> will only be accepted using a credit card in the name of the person listed on the summons.
- 4. If you don't find your violation described in the section to the right, please call the Clerk's Office at (703) 248-5096 between 8:00 a.m. and 4:00 p.m., Monday through Friday. Fines and fees are established by the Supreme Court of Virginia.

TO REQUEST A TRIAL IN ACCIDENT CASES:

If you have been charged with a violation *involving an accident* and you wish to plead "not guilty", you must notify the court *within seven calendar days* of receiving the summons. Use the form on the reverse side to notify the court. If this form is not received by the court, and the officer needs witnesses for the trial, the case may have to be continued from the original date. If you wish to plead "guilty", you may appear on the trial date listed on your summons. If you fail to notify the court and do not prepay or appear on your scheduled date, you may be tried in your absence.

Law Section/Prepayable Violations/Fine Amounts (add fees below)

V	Law sections/Violations	FINES					
	46.2-613-Expired Registration	\$25.00 plus fees below					
_	46.2-613-Possess, lend or permit use of reg card	\$25.00 plus fees below					
_	46.2-646-No/Expired Registration	\$25.00 plus fees below					
	46.2-715-Fail to display license plates	\$25.00 plus fees below					
	46.2-802-Fail to drive on right side of highway	\$30.00 plus fees below					
	46.2-804-Improper lane change	\$30.00 plus fees below					
	46.2-816-Following too closely	\$30.00 plus fees below					
	46.2-820-Failure to yield right of way	\$30.00 plus fees below					
	46.2-821-Violation of/Fail to stop at stop sign	\$30.00 plus fees below					
_	46.2-830-Fail to obey highway sign	\$30.00 plus fees below					
_	46.2-833-Fail to obey traffic signal (red/yellow light)	\$100.00 plus fees below					
_	46.2-833.1-Evasion of traffic control device	\$50.00 plus fees below					
_	46.2-835-Fail to stop before turning right on red	\$50.00 plus fees below					
_	46.2-846-Improper Turn	\$30.00 plus fees below					
_		\$20.00 plus fees below					
—	46.2-888-Improper Stopping	\$30.00 plus fees below					
—	46.2-1003-Defective equipment violation	400.00					
_	46.2-1014/1014.1-High Mount Stop Light Violation	400.00					
_	46.2-1030-Driving W/O Headlights at Night	000 00					
_	46.2-1052-Improper Window Tint Violation						
_	46.2-1094-Seat Belt-18 yoa & over-pay fine only	\$25.00					
_	46.2-1095-Seat Belt 8-17 yoa-pay fine only	\$50.00					
_	46.2-1095-Child restraint under 8 yoa -pay fine only	\$50.00					
	A.46.2-1158-No/expired inspection	\$30.00 plus fees below					
_	B.46.2-1158-Fail to correct defects after inspection	\$50.00 plus fees below					
_	46.2-874, 46.2-878 -Speeding: other than	\$6.00 per MPH over speed limit-plus fees below					
	residential zone, highway work zone and school crossing as listed below	Speed mint-plus lees below					
_	46.2-873-Speeding: in school or work zone	\$7.00 per MPH over					
	role of o opodaling. In delicer or well acree	speed limit- plus fees below					
-	46.2-878.2-Speeding: in designated residential	\$200.00 plus \$8.00					
	zone	per MPH over speed					
—	FINES ARE DETERMINED BY THE LAW SECTION	limit- plus fees below					
		1					
	++Place total of all applicable fines listed a						
	Fines" area and add Processing Fees for total due++						
	++Total Fines:	→ \$					
	Add Processing Fee: (1st charge only)	→ \$ <u>**61.00</u>					
	Add ONLY for additional summons (see below) \rightarrow \${**10.00}						
	(If you have received only one summons during the same incident, you do not						
	need to add the additional \$10.00)						
	Total Prepayment:	→ \$					
	**Please Note: If you received more than one summons, you are charged the \$61 fee only once but must add an additional \$10 fee for each additional						
	<u>summons</u> plus the fines, except for those charges that say, "pay fine only". If "pay fine only" is noted next to the charge description, do <u>not</u> add any fees						

INSTRUCTIONS FOR REQUESTING A TRIAL IN ACCIDENT CASES:

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If you were involved in an accident and desire to plead NOT GUILTY and have your case heard before a judge, please notify the court by checking the "not guilty" box below and returning this form to the address on the front of this form within 7 calendar days from the date the summons was issued. You must also provide your court date given on the summons, the summons number, your name, and your driver's license number. If the court does not receive this notice and you do not appear on your court date to enter your plea, you may be tried in your absence. If this form is not submitted timely and you intend to plead "not guilty", your trial will likely be postponed to a new hearing date.

DATE	DAYTIME PHONE NUMBER of Cardholder			Allow 7 business days for preparation of the requested accommodations.			
PRINTED NAME OF OFFENDER, AS SHOWN ON TRAFFIC SUMMONS	Signature of Offender	(If cardholde	Signature of Cardholder (If cardholder is not offender)	To request reasonable ADA accommodations, call the Clerk's Office at 703-248-5157.			
The offender and cardholder understand that in order for this payment to be accepted, the cardholder must possess the valid credit card recorded above. The offender and cardholder have accurately recorded the correct card number and understand that: The provision of incomplete or inaccurate data by the offender and cardholder, or the failure to sign in the space below, may result in delays in processing. If an error has been made in calculating the amount of fines and costs, the clerk will correct the error and charge the appropriate amount to the credit card. If delays occur, and if the offender does not appear on the court date or pay the fines and costs prior to the court date, the court will proceed to try the offender in his or her absence and, upon conviction, the judge may impose a fine that is different from the amounts shown on the front of this form. Also, pursuant to Virginia Code Section 16.1-69.48:1, an additional penalty of \$35.00 will be assessed. Pursuant to Virginia Code Section 46.2-395, the court shall proceed to suspend the offender's operator's license/privilege to drive until said fine and costs are paid in full. If the credit card charge is not honored, a \$50.00 penalty will be charged.							
**You will also be charged a 4% credit card convenience fee.							
Card Security Code: (For Visa and MasterCard the security code is the last section of numbers in the signature area on the back of the card.)							
Exp. Date: (MM/YY)	Total Amount: **\$	Court [)ate:				
Name as appears on card:			Account Number:				
Type of card (Circle One): Master	Card VISA						
The offender elects to pay his/her fines and costs using the following credit card and account number:							
<u>CREDIT CARD PAYMENT:</u> Complete this form and mail to the address listed on the front of this form.							
Name (Please print):	***************************************		river's License Number:	***************************************			
☐ I was involved in an <u>accident</u> and want to plead NOT GUILTY. Cour							
To enter a plea of NOT GUILTY, ple Mail to the address on front of this		below and complet	e the information requested.				

**Please attach your copy of the Uniform Traffic Summons to this form.